

**MDR Tracking #: M4-03-7918-01**

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 6-20-03.

**I. DISPUTE**

Whether there should be reimbursement for CPT codes 97750 and 99080-73 on 1-23-03.

**II. FINDINGS**

The carrier denied CPT code 97750 on 1-23-03 with a “G” – Unbundling. Per rule 133.304 (c) Carrier didn’t specify which service this was global to. **Per Medicine Ground Rules I. E. 2. a. recommend reimbursement of \$200.00.**

The carrier denied CPT code 99080-73 on 1-23-03 with a “G” – Unbundling. The TWCC-73 is a required report. Requestor submitted relevant information to support delivery of service. **Per Rule 129.5 recommend reimbursement of \$15.00.**

**II. RATIONALE**

In a position paper dated 8-4-03 the insurance carrier did agree to reimburse the requestor for these charges. However, the carrier has not done so.

**IV. DECISION & ORDER**

Pursuant to 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees

- in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) for dates of service through July 31, 2003;

plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Decision is applicable for date of service 1-23-03 as outlined above in this dispute.

The above Findings, Decision and Order are hereby issued this 8<sup>th</sup> day of February 2005.

Donna Auby  
Medical Dispute Resolution Officer  
Medical Review Division